

# The Royle

## Quality Report

Great Harwood Health Centre  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Royle on 14 July 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients and staff were not adequately assessed and there were areas where action was required to improve staff and patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient outcomes were lower than comparable practices, and the practice was aware it had further work to continuously improve quality and outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- Ensure that risks to patients and staff are adequately assessed and appropriate action taken to mitigate the risks, including fire evacuation drills and business continuity plans.
- Ensure all staff receive mandatory training on induction and that records are kept of training for all staff.
- Ensure that continuous improvement activity is used to review and improve patient outcomes including full cycle clinical audit and work to improve performance measured by the Quality Outcomes Framework (QOF).

The areas where the provider should make improvements are:

- Introduce systems to show that all nationally issued safety alerts have been considered and relevant actions taken.
- Conduct recruitment checks for all new members of staff.
- Review infection prevention and control audits to ensure that all areas have been assessed and any areas of non-compliance addressed.

- Update the complaints policy to ensure that where investigations take longer than anticipated, the patient is given an update and assured that their complaint is being investigated.
- Revise the significant event reporting form to include action taken relevant to the Duty of Candour legislation and ensure themes are identified and actions are taken to prevent recurrence.

We saw one area of outstanding practice:

Staff were actively supported and encouraged to work with charitable organisations. In 2015 the GP community nurse had worked with the Hyndburn GP community nursing team to coordinate a Christmas gift scheme for older and isolated patients within the local community. Due to high levels of support from the council, schools, families and local businesses over 2,000 vulnerable older people received gifts including those living in residential settings. This project helped raise awareness of older people who were socially isolated during the festive period.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. The threshold for reporting was appropriate and these were discussed with all staff to share learning, although possible themes and actions to prevent recurrence were not identified.
- Risk assessment and management was not always carried out to ensure the safety of staff and patients, including some premises risk management.
- Fire evacuation drills had not been carried out and concerns which had been identified in the Fire Risk Assessment undertaken in May 2015, had not been addressed. Although these were the responsibility of the building landlord and had been raised by the practice; the practice also had responsibility as an employer to protect staff and patients.
- Emergency equipment and medicines were available to all staff and those we checked were in date, though warning signs were not in place for oxygen storage.
- Improvements had been made in prescribing, with reductions in the prescribing of high risk medications such as antibiotics (which are considered a risk due to increasing levels of antibiotic resistant strains of bacteria).
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- There was a comprehensive recruitment policy in place which had not been followed for the recruitment of one member of clinical staff, although a DBS check was in place.
- An infection prevention and control audit had been undertaken although some parts of the audit had not been fully completed.
- A new member of staff had not received mandatory training in safeguarding since joining the practice in early 2016 and no record of vaccination and immunisation training for a clinical member of staff.
- Prescription pads were securely stored. GPs and nurses usually requested prescriptions electronically when they visits patients in their own homes

### Are services effective?

The practice is rated as requires improvement for providing effective services.

**Requires improvement**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) varied. Some patient outcomes were in line with average compared to the national average, whilst others were significantly lower. Data from 2015-2016 did not show significant improvement in QOF performance.
- The practice had recruited a practice nurse in 2013 to help address unmet need, and work was still ongoing to ensure that patient outcomes were continuously improved.
- Data from 2014-2015 showed that 65% of patients with hypertension had a recent blood pressure reading which was within a normal range, compared with the CCG and national averages of 84% whilst 99% of patients with diabetes received an influenza immunisation during the previous flu season, which was above the CCG average of 96% and national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been two recent single cycle clinical audits but no full cycle audits had been undertaken to demonstrate consistent quality improvement. The practice was aware that further work was required to address this.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, though there was no evidence of training or qualifications for a clinical member of staff involved in childhood immunisations.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Two local residential homes praised the practice for the support and care offered to patients in these homes in letters which were shared with the inspection team.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, for example 90% of GP survey respondents described the overall experience of their GP surgery as good or very good compared with the CCG and national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

**Good**



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had worked with a local carers organisation who raised awareness of support for carers during the recent flu vaccination season and the numbers of patients identified as carers increased from 39 to 100 between September 2015 and March 2016.
- Staff at the practice supported several local charitable organisations and held coffee mornings and events to fundraise for cancer charities.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included recruiting and hosting a GP community nurse for patients aged 75 years and over on behalf of themselves and three local practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice followed its complaints policy when handling complaints, though for the two complaints we reviewed, full responses had taken over two months to complete and no interim update was provided to patients to inform them of progress.
- During 2014-2015 the practice purchased new diagnostic testing equipment, enabling patients to have diagnostic tests carried out locally in response to patient feedback.
- The practice reviewed access to appointments consistently and had recently moved to a "book on the day" model for the majority of patients. Early feedback was that patients were happy with the new access arrangements.

## Are services well-led?

The practice is rated as good for being well-led.

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had recognised that it had further work to do to ensure continuous improvement activity was undertaken to improve patient outcomes.
- The provider was aware of and complied with the requirements of the duty of candour though the reporting requirement was not included in the significant event form. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on shared learning and good patient care.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement for providing safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for the care of older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice employed a GP community nurse to provide care for patients aged 75 years and older.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs visited patients in local care homes weekly as well as for urgent care requests.
- The practice shared letters from two local care and residential homes which recognised the support and care provided by the practice for patients and staff.
- The GP community nurse had worked with the local community nursing team to arrange a Christmas present scheme for older vulnerable patients locally. Support for this grew and over 2,000 older patients locally were given a Christmas gift through the scheme.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for the care of people with long-term conditions:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed some patient outcomes were lower than local and national averages, for example 65% of patients had a last blood sugar test which was within a normal range, which was below the CCG average of 79% and the national average of 78%.
- 48% of patients with diabetes had a recent blood pressure reading which was within a normal range, which was also lower than the CCG average of 80% and the national average of 79%.
- Other outcomes were in line with or above national average, for example 85% of patients had an asthma review in the previous

**Requires improvement**





# Summary of findings

12 months, which was above the local and national averages of 75%, and 91% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a review in the last 12 months which was in line with the CCG and national average of 90%.

- The practice had recognised areas of concern relating to their patient outcomes and introduced a new recall system, although data for 2015-2016 and current in year performance did not show significant improvement.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for the care of families children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than CCG averages for all standard childhood immunisations, with eight out of eighteen immunisations at 100%.
- The practice worked closely with a local children's centre to support parents and children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed that 71% of eligible women had a record of a cervical screening within the last five years, which was below the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, well baby clinics were provided in the health centre weekly by the health visitors.

**Requires improvement**



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for the care of working age people (including those recently retired and students):

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had extended the nurse availability to facilitate improved access for patients who were unable to attend during normal working hours.
- Students were offered relevant vaccinations before they left home to study.
- Telephone consultations were offered to patients who were unable to attend the surgery.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for people whose circumstances make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had introduced weekly visits to local care homes to support vulnerable patients and the staff caring for them.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe and effective services and this applies to all patients in this population group. There were however, examples of good practice for the care of people experiencing poor mental health.

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 90% of patients with severe mental health conditions had a review recorded in their record within the last 12 months, which was also in line with the national average of 88%.
- The practice contacted certain patients by phone to remind them of appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered home visits to review patients experiencing severe mental health problems if they felt unable to attend the practice.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Two members of staff had attended dementia awareness training.
- A counselling services clinic was hosted in the practice weekly.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. 297 survey forms were distributed and 115 were returned. This represented 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area which was above the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive

about the standard of care received. Praise and positive comments referred to individual GPs and nurses, and described the service overall as excellent. Three patients mentioned that they sometimes struggled to get an appointment.

We spoke with six patients during the inspection, two of whom were members of the patient participation group. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, although one said they were often advised to call back the next morning to get an urgent appointment.

The most recent friends and family test (FFT) results for the practice included 28 responses, of which 27 (96%) said they would be extremely likely or very likely to recommend the practice to someone who had just moved to the area. There were 176 responses to the FFT survey during the last six months, of which 170 (97%) said they would be extremely likely or very likely to recommend the practice to family and friends.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure that risks to patients and staff are adequately assessed and appropriate action taken to mitigate the risks, including fire evacuation drills and business continuity plans.
- Ensure all staff receive mandatory training on induction and that records are kept of training for all staff.
- Ensure that continuous improvement activity is used to review and improve patient outcomes including full cycle clinical audit and work to improve performance measured by the Quality Outcomes Framework (QOF).

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Introduce systems to show that all nationally issued safety alerts have been considered and relevant actions taken.
- Conduct recruitment checks for all new members of staff.
- Review infection prevention and control audits to ensure that all areas have been assessed and any areas of non-compliance addressed.
- Update the complaints policy to ensure that where investigations take longer than anticipated, the patient is given an update and assured that their complaint is being investigated.
- Revise the significant event reporting form to include action taken relevant to the Duty of Candour legislation and ensure themes are identified and actions are taken to prevent recurrence.

# Summary of findings

## Outstanding practice

Staff were actively supported and encouraged to work with charitable organisations. For example, in 2015 the GP community nurse had worked with the Hyndburn GP community nursing team to coordinate a Christmas gift scheme for older and isolated patients within the local community. Due to high levels of support from the

council, schools, families and local businesses over 2,000 vulnerable older people received gifts including those living in residential settings. This project helped raise awareness of older people who were socially isolated during the festive period.

# The Royle

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to The Royle

The Royle provides primary health care services to around 3,852 patients in the small town of Great Harwood in East Lancashire under a general medical services contract with NHS England. The practice is part of the East Lancashire Clinical Commissioning Group.

The practice is based within Great Harwood Health Centre which is maintained by NHS Property Services Ltd.

The practice clinical team comprises two female GP partners, a practice nurse, a GP community nurse for patients aged 75 years and over and a sessional nurse for childhood immunisations. The clinical team are supported by a practice manager and team of seven administrative and reception staff.

The practice population varies from the national average with fewer patients aged between 10 years and 44 years than average, and considerably proportionally more female patients aged between 50 and 54 years old. The practice life expectancy is one year above CCG averages and one year below national averages for males and females, at 78 years for males and 82 years for females.

NHS England data shows the practice deprivation level as four on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East

Lancashire has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

The practice is open 8am until 6:30pm Monday to Friday. Out of hours treatment is provided by East Lancashire Medical Services Ltd.

The practice had experienced a great deal of change over the previous five years. They had merged with a smaller practice, moved into the new building in 2013 and adopted a new electronic patient record system. A long-standing GP partner had retired and the two remaining GPs were working closely with the practice manager to improve performance and patient outcomes. This had included the recruitment of a practice nurse in 2014 and the GP community nurse in 2015. New equipment had been purchased to increase the services and diagnostic testing offered to patients within the practice over the last two years.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 July 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, two nurses, the deputy practice manager and reception staff.
- Spoke with patients who used the service and patient participation group (PPG) representatives.
- Observed how staff interacted with patients and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not support the recording of notifiable incidents under the duty of candour, but the practice was aware of their responsibility to do so. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were reviewed at practice meetings and actions discussed. However, the inspection noted that common themes had not been identified and the practice had missed opportunities to prevent recurrence.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, medicine safety alerts were actioned to ensure that patients prescribed any of these medications were identified and relevant changes made. However, there was no evidence to demonstrate that actions had been taken for other safety alerts.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner was

the safeguarding lead and met monthly with health visitors. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The most recent IPC audit had been carried out by the practice manager in November 2015 though some part of the audit had not been completed. There was no evidence of follow up for the areas which had not been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Full pads of prescriptions were stored or carried by clinicians despite being used rarely. Both practice nurses had qualified as Independent non-medical Prescribers and could therefore prescribe medicines for specific clinical



## Are services safe?

conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six personnel files and files for three locum GPs and found appropriate recruitment checks had been undertaken prior to employment for all except one member of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was no personnel record for another member of staff, although a recent DBS check was shown to the inspection team and we were told they had indemnity cover in place. There was no evidence of comprehensive recruitment checks having been undertaken.

### Monitoring risks to patients

Risks to patients were not well assessed and managed.

- The practice did not have effective procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an effective fire safety policy, however, the building fire risk assessment was dated May 2015 and a number of high level risks had not been addressed. No fire drills had been carried out since the building opened in 2013. The practice manager informed us that this had been raised with building management on a number of occasions.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The building had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had limited risk assessments in place to protect staff and safety. There was a lone worker risk assessment, but visual display monitors and other practice activities had not been risk assessed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The reception team had been encouraged to implement a new rota by the practice management team to meet requirements for increased staffing during peak times.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, although there were only adult pads. Oxygen was available with adult and children's masks, although warning signs were not in place to identify the locations where oxygen was stored. The practice began to rectify this whilst we were conducting the inspection. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, but the practice had no information from NHS Property Services as to continuity plans should the building be inaccessible due to major incident. There was an informal arrangement in place with neighbouring practices for incapacity of staff, but this had not been documented. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 86% of the total number of points available. The practice was aware that patient outcomes had been lower than national averages and had recruited a practice nurse in 2013 and introduced a new recall system in 2016 to improve patient outcomes and reduce the patients excepted. The new system had not been in place long enough to have a demonstrable impact on patient outcomes and exception reporting.

This practice was an outlier for some QOF and national prescribing targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 65% of patients with diabetes had a recent blood sugar test result which was within a normal range, which was lower than the CCG average of 79% and national average of 78%.
- Only 48% of patients with diabetes had a recent blood pressure reading which was within a normal range, which was below the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators was similar to the national average.

- 91% of patients with a severe mental health condition had a comprehensive care plan agreed in the previous 12 months, which was in line with the CCG and national averages of 88%.
- 82% of patients with dementia had a care plan review within the last 12 months which was also in line with the CCG average of 82% and the national average of 84%.

The practice had undertaken the local Clinical Commissioning Group (CCG) medicines management incentive scheme during 2013- 2015 and made improvements to the prescribing of high risk medications including antibiotics (a number of antibiotic resistant strains of bacteria have led to international restrictions on prescribing to reduce these).

Areas identified as significantly lower than local and national averages included the numbers of patients with hypertension and diabetes who had a recent blood pressure test which was within a normal range and the number of eligible women who had a record of cervical screening within the last three years (71.5% compared to the CCG and national average of 82%).

There was evidence of some quality improvement work having been undertaken, although there had been no full cycle clinical audits carried out.

- There had been two single cycle clinical audits in the last two years, for prescribing of antibiotics to patients with acne and treatment of urinary tract infections.
- The practice participated in local prescribing audits and had shown a continuous improvement in prescribing data for inhaled corticosteroids (inhalers used to treat asthma).
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the diagnostic test for patients aged over 65 years with suspected urinary tract infections to improve patient outcomes. However, the practice had not monitored the action from these audits to ensure improvements were maintained.

The practice had taken the lead in arranging funding from the CCG and recruiting the GP community nurse for patients aged 75 years and older. This nurse worked for The Royle and three other local practices and was hosted by The Royle. There had been a review of the work undertaken by this nurse. This showed that between April and June

# Are services effective?

## (for example, treatment is effective)

2015 the nurse had made 43 home visits to patients and this increased to 49 between October and December 2015. Needs assessments had been carried out on 27 older housebound patients during a six month period.

Referrals were made to a variety of partner organisations including health and social care where the assessment demonstrate unmet need. There was some CCG data which demonstrated that the GP community nurse scheme was making a positive impact on emergency hospital and minor injury attendances, but this was not broken down on a practice basis.

The practice was aware of areas where it was performing below comparator practices, though there was no-one in the practice with a good understanding of how to maximise continuous improvement through investigating the data contained in the electronic patient record system.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, one non-clinical member of staff had not completed induction mandatory training including safeguarding children and adults in over six months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions had training in diabetes and respiratory care management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. There was no training record for one member of clinical staff who administered immunisations.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, though the on-line system was not currently available and had impacted upon a new member of staff who had not completed some mandatory training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice and GP community nurse used a shared clinical record system for patients being supported by several health care providers and communication from meetings was used to update patient records promptly.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked closely with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The GP community nurse attended regular meetings with health and social care professionals to review care for vulnerable elderly patients and multi-disciplinary meetings took place with health and social care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

The practice shared letters from the registered managers of two local care and residential homes with the inspection teams. These letters highlighted how supportive the practice and GPs were in caring for patients in their care.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Consent was obtained from patients prior to their care being reviewed at multi-disciplinary meetings.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those with mental health conditions, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were signposted to the relevant service.
- A counselling clinic was hosted by the practice which was open to all location patients.

The practice's uptake for the cervical screening programme was 71.5%, which was lower than the CCG and the national average of 82%. There was a policy to offer telephone

reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 74% of eligible women having attended breast cancer screening in the last 36 months, above the national average of 72%. Also, 56% of eligible patients attended bowel cancer screening which was in line with the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were high compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% and five year olds from 84% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a notice to inform patients that if they wished to discuss sensitive issues or appeared distressed they could request a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients, two of whom were members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. A number of patients mentioned individual staff and GPs for praise and all said staff were kind and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

In November and December 2015 the practice had been involved in a scheme started by the GP community nurses to collect and give gifts to older patients who were socially isolated at Christmas. The scheme attracted support from local schools, the council and a number of business and organisations and over 2,000 gifts were donated. These gifts were given out to older patients throughout Hyndburn by the wider community nursing and district nursing teams.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- One GP spoke Urdu and Punjabi as did one of the receptionists. Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format as well as languages appropriate to meet the needs of the population.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (2.5% of the practice list). The practice had invited the local carers support service to attend during 'flu clinics and the numbers of patients recorded as carers increased from 39 in September 2015 to 100 in March 2016. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone and gave them advice and support as appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included working on behalf of three other local practices to obtain funding for a community nurse

- There were longer appointments available for patients with a learning disability.
- Most appointments were available the same day, with GPs contacting patients who requested appointments later in the day to ascertain whether they needed to be seen immediately.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The Practice had purchased a spirometer (equipment used to measure or diagnose asthma and chronic obstructive pulmonary disease), electro cardiogram machine (ECG) and atrial fibrillation (AF, a heart condition) monitoring equipment, enabling patients to have these diagnostic tests carried out at the surgery rather than requiring a referral to hospital.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The GP community nurse had started contacting patients aged 90 years and older who had not attended the practice for over 12 months, to offer a visit and needs assessment. The practice planned to extend this stage by stage to include as many older patients as possible.
- Emergency and routine contraception and advice were available, with GPs referring for long lasting reversible contraception where appropriate.
- The GPs offered joint injections to patients within the practice to patients with joint pain.

The practice had a system in place to assess all requests for home visits:

- Receptionists took information and informed GPs.

- GPs reviewed all requests, contacting patients if appropriate to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:30am and 11:30am and 2pm until 5:30pm daily. The practice was working with the CCG on the plans for additional extended hours service locally.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

Five patients we spoke to on the day of the inspection said that they were able to get appointments when they needed them, although one patient informed us they had experienced difficulties in obtaining appointments when they requested them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person who handled all complaints in the practice.
- A leaflet was available for patients, although no information was available on the practice website on the complaints process.

We looked at two complaints received in the last 12 months and found that these were acknowledged promptly but the time to answer them was protracted and no interim

## Are services responsive to people's needs? (for example, to feedback?)

updates had been provided to the patients to keep them informed as to the progress of their complaint. The practice offered meetings with patients to discuss their concerns. Response letters were comprehensive and gave detailed

information, although empathy was lacking. Lessons were learnt from individual concerns and complaints, though numbers were low so trends and analysis had not been identified.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The main objective of the practice was:

“To provide good quality, safe and caring primary medical care for the population of Great Harwood, Rishton and Clayton-le-moors”

- Staff knew and understood the values and were well trained to deliver the practice objectives.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had experienced considerable change and it's strategy now was to focus on patient care and improving patient outcomes.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place included:

- A clear staffing structure with staff who were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- Continuous clinical and internal audit had only been recently implemented to monitor quality and to make improvements, there were no full cycle audits available.
- Improvements were required to the identification and management of risks to improve patient and staff safety.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice saw itself as in development, recognising it had further improvements to make in patient outcomes and safety. The team was highly supportive and committed to making a difference to the lives and health of their patients.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included advice for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology although there had been delays in investigating complaints and providing full responses, and patients had not been notified of ongoing investigations during this time.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice also had annual staff parties.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff at the practice were proud of the work they did to fundraise for local communities, with coffee mornings being held annually to raise money for charitable organisations.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had raised awareness in patients of on-line appointment booking and offered Saturday morning 'flu clinics in response to patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and had been given an opportunity to plan their own rota. The

practice nurse had suggested patients would benefit from later nursing appointments and this was implemented to allow patients who could not attend during usual working hours to attend.

## Continuous improvement

The practice felt that they were now at the stage of consolidating quality and safety after experiencing such high levels of change.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The GPs and practice manager were active in the CCG, supporting other local practices to make improvements for patients where identified. They were liaising with the CCG over an extended hours provision to increase access for patients during evenings and weekends.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Fire evacuations had not been carried out since the building opened in 2013, despite concerns identified in the risk assessment carried out by NHS Property Services in May 2015.</p> <p>Risk assessments to protect staff and patients had not been carried out.</p> <p>There was no evidence of training or mandatory induction training for two members of staff.</p> <p>This was in breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

### **How the regulation was not being met:**

The provider had not carried out full cycle clinical audits and there was limited evidence to demonstrate that improvements to patient outcomes through the Quality Outcomes Framework had been achieved.

This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.